

Country Club Pet Hospital

Client Information

Last Name: _____ First Name: _____ Middle Initial: _____ SSN#: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Home Phone:(_____) Cell Phone:(_____)

Driver's License: _____ Name of Employer: _____ Work Phone:(_____)

Spouse/Additional Contact Name: _____ Spouse's Employer: _____

Spouse's Work Phone:(_____) Referred by: _____

- Your social security and driver's license numbers are **REQUIRED** for you and your pet(s) to be seen today. This information will be protected pursuant to State of Texas Civil Statute ch. 1326, 6, & 35.58.

Release Form: I hereby consent and authorize the veterinarians at Country Club Pet Hospital to receive, prescribe for, treat, or operate upon all listed pets. The veterinarians are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment, or safe keeping of the animal(s) above described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks and agree to pay all costs of your service, use of your hospital, and costs of care and keeping my animal(s).

I HAVE READ THE FOREGOING AND AGREE

Signature: _____ Date: _____

Our Policy is:

PAYMENT AT TIME OF SERVICE

For Your Convenience We Accept

Cash Checks Mastercard Visa Discover AMEX Debit Card Care Credit

Credit Card Number: _____ Exp. Date: _____

Credit Card Number: _____ Exp. Date: _____

Care Credit: _____